## BEST AVAILABLE COPY

# PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) (Column 2) TYPE OF									OR	OTHER THAN R SMALL ENTITY			
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			1	minus 2	20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					3 =	. 1			X39≈		OR	X78=	18
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+130=			+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						Ĺ	TOTAL		OR	TOTAL	700		
	CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	JOH	OTHER	<u> </u>
(Column 1) (Column 2) (Column 3)						[a-	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		REM Al	AIMS IAINING FTER NDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* /	8	Minus	**	20	= Ø	주	X\$ 9=		OR	X\$18=	
	Independent	*	5_	Minus	***	4	= /	7	W.738_	42.00	OR	×46≡	
	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DEF	PEND	ENT CLAIM			+130=		OR	+260=	
	,							L	TOTAL	W 420	2	TOTAL	
		(Col	umn 1)		(C	olumn 2)	(Column 3)	Α	NDDIT. FEE		JO. 1	ADDIT. FEE	
AMENDMENT B	B	REM Al	AIMS IAINING FTER NDMENT	(S.)	h N PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* /	8	Minus	*		=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	*	SNI OE MI	Minus	***	<u> </u>	7		X39=		OR	X78=	
	TINOT PRESE	NIAIR	JIA OL IAII	OLITE DEF	END	ENT CLAIN			+130=		OR	+260=	
								A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
			umn 1) AIMS	1		olumn 2) HIGHEST	(Column 3)						
AMENDMENT C		REM Al	IAINING FTER NDMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	· <del></del> ·	=		X\$ 9=		OR	X\$18=	
	Independent	#		Minus	***		=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=			+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

#### This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

### NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	

#### **Total Fee Calculation**

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	-	Total
·	Sm./Lg.				Sm. Entity	Lg. Entity		4 0
Basic Filing Fee	201/101	• .			345	690	<b>-</b>	(00)
Total Claims >20	203/103	-20 =		x	9	18	=	
Independent Claims >3	202/102	-3=		x	39	18	=	78
Mult. Dep Claim Present	204/104				130	260	-	
Surcharge .	205/105				65	130	_ /	130
English Translation	139							
TOTAL FEE CALCULA	ATION						(	J 89.

Fees due upon filing the application:

Total Filing Fees Due = Less Filing Fees Submitted

**BALANCE DUE** 

nitial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)